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ABSTRACT

Approximately six to eight percent of the nation's workers have problems which affect their job performance; without assistance, these problems become worse, affect others, and may have serious consequences to the employer as well. The Employee Assistance Program (EAP) is a pragmatic but compassionate attempt to improve performance by constructing therapeutic strategies to help employees deal with their personal problems. Employee Assistance Programs began in the 1940s with companies providing assistance to employees for alcoholism. In the 1970s programs began to shift their emphasis to encompass a broad range of employee problems. In the 1980s the focus of the programs has changed to employee assistance. The elements of an EAP include assessment, treatment, and continuing recovery program. Both labor and management should support the EAP goal of assisting the employee with a problem because troubled employees affect both management and labor. The major difficulties facing people are alcohol, drug, mental health, marital, family, financial, legal, job, and medical problems. Procedures should be clearly stated. Education, training, review and record keeping are some of an EAP's activities. The success of an EAP is measured by the number of individuals who return to a productive life. An EAP is an essential component for corporations in today's world for humanitarian and economic reasons. (ABL)

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Employee Assistance: Policies and Programs

by

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Center of Alcohol Studies
Pamphlet Series

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EMPLOYEE ASSISTANCE: POLICIES AND PROGRAMS

INTRODUCTION

"All work is as seed sown; it grows and spreads, and sows itself anew."

Thomas Carlyle on Boswell's
Life of Johnson

The lives of most Americans today center around work: "More than half of their waking hours [are spent] working, commuting to and from work, or thinking about work" (De Luca, 1980). No other activity occupies so much of our time or has such an effect on our national productivity and societal functioning. Since we as a nation are dependent on our national work force, it is crucial that we maintain its health and stability.

Although every person faces occasional problems in his or her personal and work life, most are resolved by our individual ability to cope, by help from others in our lives, or by time. There are other problems, however, that cannot be resolved by the individual and require professional help and guidance. Approximately 6 to 8% of the nation's workers have problems which affect their job performance; without assistance, these problems become worse, affect others, and may have serious consequences to the employer as well.

Since so much of our lives revolves around the work environment, a key to assistance for problems is found in this setting. It is not only possible and humanitarian to help, it is essential for the protection, growth and development of the important national resource of working people.

This pamphlet describes how to help working people with problems through the development of Employee Assistance Programs (EAP's).

WHAT IS AN EMPLOYEE ASSISTANCE PROGRAM?

The Employee Assistance Program (EAP) is a pragmatic but compassionate attempt to improve performance by constructing therapeutic strategies to help employees deal with their personal problems; in the process, they will improve their work performance (Trice and Beyer, 1982). The EAP is designed to help employees who have personal problems that are affecting job performance. An EAP teaches supervisors to identify employees who are not perform-

ing adequately on the job, confront them with their poor job performance, and refer them to the EAP. The program evaluates troubled employees, and either provides aid or refers the clients to services appropriate to their problems. In this system, the supervisor does not diagnose the problem or its causes, but relies on the EAP coordinator or counselor to determine the nature of the problem and motivate the individual to accept assistance to resolve the problem.

Employee problems may include: alcohol or drug problems, marital problems, family problems, emotional problems, legal problems, job problems or medical problems. Since a variety of problems are dealt with in the EAP approach, there is little stigma associated with contemporary EAP's.

HISTORY OF EMPLOYEE ASSISTANCE PROGRAMS

In the late 1930's and during the war years, two forces combined to focus concern on alcoholism among employees: **1.** Alcoholics Anonymous (A.A.), founded in the mid 1930's, was rapidly demonstrating that it could help alcoholics recover and lead productive lives. By 1942, A.A. had grown to 8,000 people and its message of help was spreading throughout the U.S.A. **2.** At the same time, because of the war, there was a critical shortage of workers. The need for every available person motivated industry to attempt to keep employees and provide help. Industrial physicians were expanding their efforts to help employees with their problems whenever required.

The first employee alcoholism program began at E.I. du Pont de Nemours and Company in the early 1940's. The Eastman Kodak Company also played a pioneering role by providing assistance for alcoholic employees through their Medical Department. Mental health programs for employees were also developed in the 1940's by Caterpillar Tractor Company, American Cyanamid Company and others.

The Yale University Center of Alcohol Studies, a branch of which was the National Committee for Education on Alcoholism, spent 1944 to 1949 attempting to motivate other industries to develop occupational alcoholism programs. The "Yale Plan for Business and Industry," developed by Yale experts "Lefty" Henderson and Selden D. Bacon, was an outline of suggestions on how to deal with the problems of alcoholism among employees. The first major Yale Plan program was begun at Allis-Chalmers in Milwaukee. The National Committee (which eventually became the National Council on Alcoholism) moved to New York City and continued to support alcoholism programs in the workplace.

By 1950, the Consolidated Edison Company of New York had developed and implemented a company policy regarding alcoholism treatment, as had the Great Northern Railway Company; the Western Electric Company also designed a policy and treatment program on alcoholism (Presnall, 1981). However, some companies' attempts to develop employee programs were short-lived. Although Gardner (1958) noted that by the late 1950's alcoholism was regarded as an occupational health problem, one survey (Christopher D. Smithers Foundation, 1958) indicated that only 35 companies had occupational alcoholism programs and another (Roberts and Russo, 1955) reported 80 programs.

Industrial alcoholism programs began to grow during the 1960's and early 1970's. By 1973, the number of occupational alcoholism programs in the U.S.A. expanded to an estimated 500 (De Luca, 1980), including 25% of the Fortune 500 companies (Wrich, 1980). The number of programs increased to nearly 2,400 by 1977 and approximately 4,000 by 1979. Today over half — 57% — of the Fortune 500 companies have some type of program for their employees (Wrich, 1980).

The early efforts "to 'spot alcoholics on the job' and confront them about their drinking, were often feared by the employees, disliked by the unions and received the uncomplimentary label of 'witch hunting'" (Williams and Moffet, 1978). Since it was the supervisor's role to confront the employee about his or her drinking, only the most severe cases of alcoholism were usually dealt with by the program. In today's programs, though the supervisor's role is critical, it is not one of diagnosing problems; rather, it is one of monitoring job performance.

In the early 1970's, programs began to shift their focus to encompass a broad range of employee problems. Research at Cornell University's New York State School of Industrial and Labor Relations found that comprehensive programs which dealt with a variety of employee problems avoided the difficulty of participants being labeled, and also avoided the supervisor's uncomfortable feelings regarding the diagnosis of alcohol problems (Trice and Roman, 1978). Although a variety of program types exist in the companies of the 1980's, the focus of many has changed to that of employee assistance. In this comprehensive approach, the program is designed to "identify people needing assistance (for all types of problems), refer them to appropriate sources of treatment, and provide supportive services during and after the treatment period" (Foote and Erfurt, 1977).

THE STRUCTURE OF EMPLOYEE ASSISTANCE PROGRAMS

Program Goals

The goals of an EAP are to: **1.** assist employees with personal problems; **2.** provide an alternative to disciplinary action for employees who are having job performance problems; **3.** help a company maintain a stable, well-functioning work force; and **4.** decrease company expenses caused by the loss of well-trained employees.

Program Elements

To resolve any human problems, three activities are essential: "accurate assessment of the nature and severity of the problem, appropriate treatment, and continuing recovery program" (Wrich, 1980). A primary element of an EAP is that the emphasis be placed on identifying problem employees through job performance. Other important elements are: that the program is *informal*, i.e., the process is easy to begin and does not have any red tape; that it is *free*, i.e., the employer has provided the service and additional help, if required, may be covered by the health benefits program; and that the program is *confidential*, i.e., all information is between the employee and the counselor (Problems in the Family, 1978). The EAP also requires a site within the industry that supports the element of confidentiality. Often the EAP is housed within medical facilities; it might also be an outer office with easy access from within and outside the building. The position of the EAP in the organizational structure of the company is also critical; it needs to be a viable part of the organization plan. Some EAP's are part of the medical department, others are in the personnel division, others are incorporated into industrial labor relations and still others are separate units reporting to a union vice-president.

Role of Management and Labor

Both labor and management should support the EAP goal of assisting the employee with a problem because troubled employees affect both management and labor. An employee with a problem might be making life impossible at home, giving his or her supervisor a difficult time, and making work colleagues unhappy. Employers are directly concerned for troubled employees, and are also concerned about morale, productivity, and accidents. "Employee problems also result in increased usage of sickness and accident benefits, more industrial accidents, and greater use of Workmen's Compensation Benefits" (Foote and Erfurt, 1977).

Because of their mutual concerns, management and labor should be partners in the design and implementation of an EAP. Though the role of each is different, the general support of both is critical to the program's success.

"Management has an effective approach through its legitimate right to initiate corrective action when the employee's job performance falls below minimum accepted standards" (Dunkin, 1981). It is also management's role to create an atmosphere that accepts this approach, to support the goals of the EAP and its implementation, to train supervisors to effectively use the program, and to provide information on the policy and program to all employees.

Because of the relationship with its members, the labor union can provide program support in a variety of significant ways. Employees require assurance that job security and advancement will not be affected by requesting help from the EAP. The union can provide this assurance and also support the necessary emphasis on job performance for program referral. The union's message to its members that the EAP is indeed confidential will also eliminate fear of use. Union representatives may also be in a key position to motivate members to refer themselves to the EAP for help in solving a problem.

Problems Affecting Employees

The major problem areas facing people are alcohol and other drug problems, mental health problems, marital problems, family problems, financial difficulties, legal problems, job problems and medical problems. Since employees are a cross-section of the population they can be affected by the range of problems present in our society.

Approximately 3 to 5% of the employees in an organization are estimated to have alcohol-related problems and perhaps an additional 3% have other problems that affect their job performance (Williams and Moffat, 1975). These troubled individuals may be senior executives, secretaries, supervisors, warehouse people, new recruits, or chief operating officers. They may be old, young, or middle-aged, of any race and religious affiliation. Alcoholism, drug dependency, mental illness, family and financial problems are not limited to one type of individual nor do they discriminate against any group of people.

Alcohol Problems. Although alcohol is a drug with mood-altering properties, the nature and extent of alcohol problems necessitates separate discussion. Alcohol problems may take many different forms, ranging from mild to severe. Alcohol dependence is the most severe kind of alcohol problem. Its symptoms include many of the following: **1.** physical dependence, characterized by morning drinking, drinking throughout the day and withdrawal symptoms (shaking, nausea, vomiting, diarrhea) when the person cuts down or stops drinking; **2.** tolerance to alcohol, which means that a person can drink significant amounts of alcohol without becoming grossly intoxicated; **3.** family problems because of drinking, such as fights, physical abuse, separation or divorce; **4.** social and legal problems, such

as loss of friends because of drinking or driving while intoxicated and drunk and disorderly charges; 5. physical problems because of drinking, such as liver disorders, ulcers, gastritis, pancreatitis, heart problems, muscular and gait difficulties, blackouts, memory and concentration difficulties. Alcohol dependence is a disease which has an identifiable set of symptoms and for which there is evidence of a genetic component (Cloninger et al, 1978). Other kinds of alcohol problems, more circumscribed, do not involve physical dependence on alcohol, and do not fit any one typical pattern. They may cause a range of serious family, legal, social, health and occupational problems, even though the individual is not addicted to alcohol. All forms of alcohol problems are treatable. The chances of recovery are best when the individual receives treatment early. The work place provides a vital key to early intervention and recovery.

Approximately six million individuals in the U.S.A. are alcoholic and about four million are problem drinkers; that is, about ten million individuals are people with alcohol problems. *Alcohol and Health* (1983) estimated the economic cost of alcoholism and alcohol misuse in the U.S.A. to be approximately $50 billion a year. The costs include: lost employment and productivity, $26 billion; health care expenditures, $17 billion; motor vehicle accidents, violent crimes, fire losses and other losses attributable to alcohol, $7 billion. Approximately half of all the alcoholics are employed: "in the main, these employees are in the 35 to 55 age bracket, have been with the same employer some 10 to 12 years, and are therefore skilled and experienced personnel" (Heyman, 1978).

Another aspect of alcohol problems also needs to be considered. Spouses and children of alcoholics are often employed individuals. It is estimated that 30 to 50 million lives are directly affected and complicated by the alcohol problems of a loved one. "It is virtually impossible to live with the problems that are associated with the illness without becoming emotionally affected. Family members need as much assistance and support as the individuals with the dependency problem" (Alcohol and Drug Problems, 1978). As would be expected, the job performance of family members of alcoholics is often seriously affected.

Drug Problems. As with alcohol, people may become physically dependent on certain drugs, or may suffer painful life problems because of their drug use even though they are not physically addicted. Even though we commonly think of street drugs when talking about drug abuse, both over-the-counter and prescribed medicines may be abused. Drugs have different effects: some are stimulants and help a person feel more alert, awake or "high"; some are tranquilizers or depressants, which provide a sense of calm or relaxation; some are hallucinogens, which create an altered state of consciousness that might include hallucinations or other unusual

perceptual experiences. Drugs may be ingested orally, sniffed, injected, or "popped" under the skin. Some people may deliberately take drugs to achieve a desired effect; others may inadvertently become physically or psychologically addicted to a prescribed medication.

Because drug effects are so varied, it is difficult to describe symptoms of drug abuse. The most reliable signs are *changes* in a person's usual behavior, habits, emotional reactions or appearance. Financial and physical problems are common concomitants as well.

Drug problems are very treatable. As with alcohol, early detection and treatment lead to the best success rates.

Mental Health Problems. Mental health problems are quite diverse. Some, such as psychotic disorders, are characterized by a disordered sense of reality, and marked changes in thinking such as delusions or hallucinations. Some mental health problems are characterized by changes in emotions, such as depression, anxiety, fear or extreme elation. Other mental health problems appear to be primarily changes in behavior, such as serious eating disorders, phobias or obsessive-compulsive disorders. Finally, some problems are psychophysiological, having both a physical and emotional element. Such problems as colitis or chronic headaches are examples.

Recent surveys suggest that as much as 25% of the American population may have mental health problems. Though some of these problems do not require treatment, many need general counseling, specific psychological and behavioral treatment interventions, medications or hospitalization. Individuals who are experiencing mental health problems frequently have difficulty on the job and affect the lives of their family members and colleagues.

Other Problems. Marital and family problems may disrupt an employee's job performance. Distress over an impending divorce, concern about a child with school problems, chronic arguing or physical abuse may preoccupy the employee. Treatment for marital problems can be highly effective (e.g., Jacobson, 1978), as can directing a family to appropriate resources to help their disturbed child.

The same is true for individuals with financial or legal problems. The person may need help to understand the situation and devise a plan to cope with the problem. The EAP may help the employee find competent legal or financial planning assistance and may provide emotional support as the employee works out effective solutions.

Policy

A *written* company policy, developed by management and labor, is crucial to an effective and successful Employee Assistance Program. The policy provides the foundation for the program and the basis for implementation. The policy should be signed jointly by the Chief Executive Officer of the company and the union President. To ensure awareness of the policy, initial distribution of the written policy should be made to all employees, with an orientation session to introduce the policy and answer questions. The policy should also be incorporated into the employee handbook so that new employees are immediately aware of its presence.

A sample policy statement presented in *The Employee Assistance Program, Updated for the 1980's* (Wrich, 1980, pp. 196-197) is shown here:

> (Name of Employer and, if applicable, Union) recognize that a wide range of problems not directly associated with one's job function can have an effect on an employee's job performance. In most instances, the employee will overcome such personal problems independently and the effect on job performance will be negligible. In other instances, normal supervisory assistance will serve either as motivation or guidance by which such problems can be resolved so the employee's job performance will return to an acceptable level. In some cases, however, neither the efforts of the employee nor the supervisor have the desired effect of resolving the employee's problems and unsatisfactory performance persists over a period of time, either constantly or intermittently.
>
> (Name of Employer and, if applicable, Union) believe it is in the interest of the employee's family to provide an employee service which deals with such persistent problems. Therefore, it is the policy of (Name of Employer and, if applicable, Union) to handle such problems within the following framework:
>
> 1. (Name of Employer) recognize that almost any human problem can be successfully treated provided it is identified in its early stages and referral is made to an appropriate modality of care. This applies whether the problem be one of physical illness, mental or emotional illness, finances, marital or family distress, alcoholism, drug abuse, legal problems or other concerns.
>
> 2. When an employee's job performance or attendance is unsatisfactory and the employee is unable or unwilling to correct the situation either alone or with the normal supervisory assistance, this is an indication that there may be some cause outside the realm of his/her job responsibilities which is the basis of the problem.

3. The purpose of this policy is to assure employees that if such personal problems are the cause of unsatisfactory job performance, they will receive careful consideration and an offer of assistance to help resolve such problems in an effective and confidential manner.

4. Employee's problems causing unsatisfactory job performance will be handled in a forthright manner within the established employer's health and personnel administrative procedures and all records will be preserved in the highest degree of confidence.

5. In instances where it is necessary, sick leaves may be granted for treatment or rehabilitation on the same basis as is granted for ordinary health problems. (Consideration could be given for the use of annual leave without pay.)

6. Employees who have a problem which they feel may affect work performance are encouraged to voluntarily seek counseling and information on a confidential basis by contacting the designated employee assistance program coordinator.

7. Employees referred through the program by their supervisor may be required by the employee assistance program coordinator to secure adequate medical, rehabilitative counseling or other services as may be necessary to resolve his/her problem.

8. It will be the responsibility of the employee to comply with the referrals for assessment of his/her problem and to cooperate and follow the recommendation of the diagnostician or counseling agent. An employee's continued refusal to accept diagnosis and treatment will be handled by dealing with the job performance problem according to normal disciplinary procedures.

9. Since employee work performance can be affected by the problems of an employee's spouse or other dependents, the program is available to the families of our employees as well.

Some organizations do not have a written policy, believing that their "unwritten" policy is known and understood by all employees, and that everyone understands that they are concerned for their employees and would help if asked. The worthlessness of an unwritten policy is clear: first, employees do not know management's feelings and attitudes toward problems; second, they are unsure if help or termination would result if management became aware of a problem; third, union involvement and support is not present; and fourth, colleagues feel required to cover up the problem to protect co-workers from unknown management actions.

Procedures

The Employee Assistance Program is "the mechanism for implementing the organization's policy" (Dimas, 1977). Specific procedures must be developed to support the program's implementation. There must be a coordinator, and a clear description of his or her roles and responsibilities. There must be a written explanation of why an employee is referred by a supervisor, and what will happen when the individual goes to the program. It is also important that self-referrals be incorporated into the program procedures.

The methods used in diagnosing a problem and developing a treatment strategy also need to be clearly explained in the program procedures, as do the specific counseling services provided in the company, the use of community care providers and the referral to inpatient facilities, when necessary. The coverage available in the company's health benefits program should be detailed when the possible treatment options are explained, as the individual has the right and need to know what costs might be incurred.

A record-keeping system is also part of program implementation and requires careful explanation. The question of record keeping often arises when the issue of confidentiality is discussed. Employees need to know what records will be kept, by whom, and for what purpose. Records are a necessary component of the program for purposes of evaluation; however, a record-keeping system does not breach confidentiality as the records are kept separately in the EAP system and available only to EAP personnel. Many programs code the employee's name on the file and keep the name code in a separate locked file so that it is not possible to identify an employee from the EAP file.

The role of supervisory personnel is paramount and needs to be clearly documented and explained. Since the rationale for referral to the EAP is job performance deterioration, the supervisor must understand his or her key role and be comfortable in using the EAP system. This requires that the supervisor review the individual's job performance, document evidence of work deterioration (e.g., absenteeism, reduced production, trouble with co-workers), and not attempt to diagnose the problem.

It is important to emphasize that once the supervisor refers an individual to the EAP, the only follow-up necessary by the supervisor remains that of job performance. The EAP coordinator will not divulge the nature of the problem nor the treatment plan except in alerting the supervisor if time is required for release from work.

The procedure regarding disciplinary action needs to be spelled out. Some programs will not change disciplinary action that has already begun to avoid being caught in the middle of a supervisor-worker

dispute and to prevent the program from being used to escape disciplinary action (Foote and Erfurt, 1977). Other programs suspend disciplinary action as a means of motivating the employee to enter the EAP program.

It should be clearly noted in the procedures that participation is voluntary. An individual can choose not to go to the EAP program and can also choose not to follow the treatment plan. However, most individuals do go, as the pressure to accept the program is real. If an individual does not accept the assistance offered, job performance remains the criterion for evaluation. If performance improves, there is no reason for further consideration of the issue. If performance does not improve, the individual may again be referred to the EAP or may be terminated.

The step-by-step procedures of the EAP are as follows:

1. The supervisor identifies deterioration in an employee's work performance.

2. The supervisor discusses the performance deterioration in specific detail, citing documented incidents, with the employee.

3. If a second performance review is required due to continued deterioration of work performance, the supervisor refers the employee to the EAP.

4. The meeting between the individual and the EAP may be arranged by the supervisor, by the individual or by the EAP coordinator/counselor.

5. The EAP coordinator/counselor conducts an in-depth interview.

6. The assessment of the problem may be made by the EAP coordinator/counselor or the individual may be referred for diagnosis to a community specialist.

7. Once diagnosis is made, a treatment plan is designed. This may consist of in-house counseling, referral to a specialist in the local area or referral to an in-patient residential treatment center or hospital.

8. Coordination of available health benefits and estimated additional costs are made.

9. If the employee is referred to and has accepted residential treatment, leave time is granted for the treatment.

10. A follow-up plan for maintaining help for the individual and monitoring performance is designed.

11. Support services are recommended or made available (e.g., an A.A. or Al-Anon meeting might be held in the company at lunch time).

12. Confidential records are maintained throughout the process.

Activities

Many activities are essential to support the EAP system. The first is the education of the company's employees, through publication and dissemination of the policy and procedures. This can be accomplished by newsletters, announcements, awareness sessions, and word of mouth. If the program is designed for family members as well, then information should be provided to the families via direct mail to the home.

A training program for all supervisory personnel/union representatives, and perhaps others in selected departments (e.g., medical) is a necessary activity of the EAP. This program should include specific information about the program, and provide techniques on "how to evaluate job performance, how to confront an employee with a job performance problem, and how to refer the employee to the EAP" (Foote and Erfurt, 1977). Additional sessions may be scheduled for advanced training, problem-solving and department-specific problems.

The EAP must maintain access to a variety of treatment resources and periodically review them. The review should be based on the quality of service provided to the individuals referred to them, their willingness to work with the EAP and provide help in designing the follow-up treatment plan, and the ease of use (e.g., appointment scheduling process, location) for the employee.

Record-keeping is also an ongoing activity of the EAP. Although confidentiality is essential, it is also imperative that records be kept to provide information on the number of individuals that have used the EAP, the referral process used (i.e., supervisory, self-referral), the type of problems for which individuals received treatment, the treatment modalities used, and the progress of the individuals (e.g., return to work, improved job performance). A report to the management providing this information is essential for continued support and to document the program's success.

Evaluation

The success of an EAP is measured by the number of individuals who return to a productive life, with the problems which interfered with their job performance resolved. Though this may be reason

enough for a company to maintain such a program, other documentation may be necessary. The record-keeping system described earlier provides much of the data in terms of numbers using the program and receiving help.

Cost savings also help reinforce the program's worth. This aspect involves more detailed record keeping during and after entering the program, as well as a composite review of past work history. Items such as numbers of absences from work, number of on-the-job absences (e.g., long lunches), accidents on the job, other accidents, number of visits to the company's medical department, use of health benefits, work performance and grievances, should be reviewed for comparisons prior to treatment, during treatment and following treatment. The dollar values associated with each problem can be estimated. The expenditure necessary to replace an individual must also be calculated. This figure should consider training, cost and length of time to accrue experience. It must be pointed out that the EAP costs money for staff, space, supplies, telephones, photocopying, travel, etc. Also, treatment may cause a significant rise in the actual cost to the company for a time via more extensive use of health benefits, leave time, overtime and temporary replacement personnel. A complete cost-benefit analysis of the EAP must consider all of these expenses and savings. However, a cost analysis is always incomplete in evaluating EAP's, because many benefits are not measurable. Of utmost importance is the humanitarian benefit for the individual and his or her family. The morale of co-workers and work atmosphere is another important benefit. The long-range benefits to the company in terms of productivity and related savings are items which are difficult to quantify yet are of significance.

HOW SUCCESSFUL ARE EAP'S?

The effectiveness of EAP's has been evaluated by looking at many different indices of success, including: reductions in productivity losses, reductions in absenteeism or use of employee benefits, recovery rates, and overall calculations of cost savings.

A review of studies suggests that "productivity losses attributable to alcoholic employees can be reduced" (Alcohol and Health, 1983). In a follow up study of county employees who contacted Hazelden's Employee Assistance Service, Jones (1983) compared employee job performance for four-month periods before and after contacting the employee assistance program. "Overall, absenteeism was reduced by 75 percent, and the utilization of benefits was greatly reduced" (Jones, 1983). Metropolitan Life's Alcoholism Program indicated a recovery rate of 62.8%, based on a study of 234 cases from 1961 through 1972 (Cunnick and Marchesini, 1977).

Cost savings associated with changes in work performance measures for four programs were analyzed by Foote and colleagues (1978). In two programs cost-savings were not shown according to the methods used. The third program, representing 57 clients, "produced a savings to the company of $154,178...159 clients (in the fourth program) showed a savings of $198,397 due to improved performance during the year after program intervention." Wrich (1980) estimated that the cost of helping alcoholic employees in an EAP program "is about one-tenth the expense of what alcoholic employees alone will cost a company that does not address the problem." If employees who use the EAP for other problems are added in, the benefit : cost ratio is much higher.

Meyers (1984) conducted an extensive review of the literature of EAP cost effectiveness and concluded: **1.** there were few published research studies of EAP cost savings; **2.** about 50% of the EAP cost studies focused on alcoholics or problem drinkers, ignoring drug abuse, mental illness, compulsive gambling, family and marital discord, and financial problems, and **3.** the majority of the research studies did not provide sufficient methodological information to determine if accurate and acceptable research protocols were in place. "Despite the limitations of existing cost-reduction studies, it appears that some of the cost of alcoholism in the work environment can be measured and the matter deserves far more careful research" (Kurtz et al, 1984). An Employee Assistance Program is an essential component for corporations in today's world. Its importance for humanitarian and economic reasons are evident.

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About the Center of Alcohol Studies

The Center of Alcohol Studies was founded at Yale University in 1940. The center has been a leader in the interdisciplinary research on alcohol use and its effects and has been in the forefront of the movement to recognize alcoholism as a major public health problem. Dr. E.M. Jellinek was the center's first director, and the prestigious *Journal of Studies on Alcohol*, still published by the center, was founded by Howard W. Haggard, M.D. In 1962, the Center of Alcohol Studies moved to Rutgers University.

The center faculty have been trained in biochemistry, economics, physiology, psychology, psychiatry, sociology, political science, public health, education, statistics and information science. The faculty teach undergraduate, graduate and continuing education courses, including the world famous Summer School of Alcohol Studies. The SSAS alumni have assumed leadership positions in research, prevention and treatment of alcohol problems.

The center's four major areas of concern are: research, education, treatment and prevention. As part of the center's educational mission, this pamphlet series presents information on important topics in the alcohol studies field.